### Youth Basketball Winter League 2021

#### Due to the circumstances, NO special requests for game scheduling

Register By: December 9, 2020

Register at the Rec Center or via phone

Season Begins: January 9, 2021

Fees: Non Resident \$63.50

Non Resident w/o jersey \$58.50

City Resident \$50.00

City Resident w/o jersey \$45.00



#### Leagues:

1<sup>st</sup> Grade (co-ed) games played at Dora Erickson (16 teams maximum allowed)

2<sup>nd</sup> Grade (co-ed) games played at Long Fellow (16 teams maximum allowed)

3<sup>rd</sup> Grade (co-ed) games played at Tie Breaker (16 teams maximum allowed)

4<sup>th</sup> Grade (girls) games played to Compass (8 teams maximum allowed)

4<sup>th</sup> Grade (boys) games played at Navy Gym (16 teams maximum allowed)

5<sup>th</sup> Grade (girls) games played at Compass (8 teams maximum allowed)

5<sup>th</sup> Grade (boys) games played at Eagle Rock (10 teams maximum allowed)

6<sup>th</sup> Grade (girls) games played at Eagle Rock/Idaho Falls Aux Gym (10 teams maximum allowed)

6<sup>th</sup> Grade (boys) games played at Idaho Falls Aux (10 teams maximum allowed)

Play 1 game a week for 8 weeks, 8 game schedule.

\*\*\*\*\* Due to limited Gym space, our leagues will give registration preference to City and Bonneville county teams first. Others will be allowed as space is available. Teams from other counties must call and be put on a wait list to be added in the order that they were received as space is available. Out of County teams will be notified two days after registration has ended if allowed in.

\*\*\*\*\* The city is unable to provide practice space for teams. Contact your local school district to learn of any available school use for practices.

### Coaches/Parent meeting will be held TBA. Registration Information:

- Mandatory coach background check form included in packet. (Good for 2 years)
- This packet includes waivers which must be signed by each participant's parent or legal guardian. Waivers are good for one year.
- Rosters MUST be accompanied by all fees and waivers when turned in. DO NOT instruct your players to come in to pay separately.
- If you need additional players call the Recreation Center at 612-8580.



### City of Idaho Falls Junior Basketball Regulations 1st - 5th grade

#### General

- 1. All boys/girls must play in the game.
- 2. Rim heights-subject to change depending on where games are played.
- 3. 8 ft for 1st-2nd grade.
- 4. 9ft for 3rd grade.
- 5. 10ft for 4th -5th grades.
- 6. Substitutions: 1st 3rd grade, substitutions will be done half way through each quarter.
- 7. 4th 6th grade substations must be done on dead ball.
- 8. A junior size (27.5) will be used for 1st-3th grade.
- 9. A girl's size (28.5) ball will be used 4th-5th grade.
- 10. Four (4) players needed to begin the game.
- 11. Teams must play equal number of players if a team is short players. (4 on 4 or 3 on 3)
- 12. No play-offs in these divisions.
- 13. No abusive language or behavior to the players or officials. The officials are doing their best.
- 14. This league is for the kids to learn the game of basketball. You do not have to agree with our adaptations but you do need to follow them.

#### **Timing**

- 1. Four (4) eight (8) minute quarters. The clock will run continuously except the clock will stop on first free throw until the shooter has the ball then it will resume, this will eliminate wasted time while the kids get line up properly.
- 2. Three (3) minute halftime.
- 3. Two (2), one minute timeouts per half
- 4. Games need to begin on time. Please do not be late. If late, clock will start 5 minutes after scheduled game time and teams will play the remaining time once game starts.
- 5. Clock stops last two minutes of fourth quarter unless lead is 10 points or greater for grades 4th-5th.
- 6. Clock stops 4 minutes into each quarter for 1st-3rd grade for quick substitutions.

THIS IS NOT A TIME OUT. Game will be started again immediately.

#### **Violations**

- 1. No key will be called.
- 2. No back court will be called.
- 3. No ten second line is used. (Referee will prevent stalling).
- 4. No full court press allowed, defense can pick up their man at half court.
- 5. No shot blocking in grades 1st-3nd unless it occurs when hands our straight up.
- 6. Violations in grades 1st-2nd do not result in a turnover (team retains possession and does a throw in).
- 7. No Stealing in 1st-3rd grades, except on a pass.

#### Scoring

- 1. Will not be kept 1st-3rd grades, Will be kept 4th-6th grades.
- 2. Score will not be displayed on the clock when point difference is greater than 15 but will be updated at the scorer's table by the score keeper.

#### Fouls

- 1. Fouls will not be recorded in 1st-3rd grades
- 2. Foul shots will not be shot in 1st-3rd grades
- 3. Player fouls will be recorded in 4th-5th grades
- 4. Player fouls out after 5th foul in 4th-6th grades
- 5. No Bonus

#### Defense

- 1. Man to man defense only. No zone defense.
- 2. No double teaming. Double teaming will not be called if a player gets by his man and another defensive man steps up to help, however once original defender recovers help defense must return immediately to their player.
- 3. When a player dribble next to their own teammate and causing another defender to be "within reach" then the "in reach defender" may steal the ball in 4th 6th grade if he/she can do so without taking a step in any direction to steal the ball.

#### Free Throws

- 1. Free Throws will not be attempted in 1st-3rd grades.
- 2. Shooters must start from behind the line. If a shooters crosses the free throw line a violation will not be called
- 3. Players in free throws spaces must remain in space until ball is released, shooters and all players behind the three point line must wait until ball hits the rim.
- 4. Rules may be added or changed at any time if necessary.

#### 6th Grade Jr. Basketball League Rules

#### Follow High School Basketball rules with the following adaptations:

- 1. All Players must play in the game regardless of skill or ability.
- 2. 4 eight minute quarters with a running clock, clock will stop on first free throw until the shooter has the ball then it will resume, this will eliminate wasted time while the kids get line up properly.
- 3. Half time is 3 minutes.
- 4. 4 players needed to begin game.
- 5. No Bonus.
- 6. Any defense.
- 7. Double team is **not** allowed if lead is **more** than 10 points.
- 8. Full court press is not allowed if team is up by more than 10, must pick up man at half court.
- 9. Clock stops last two minutes of 4th quarter if lead is 10 points or less.
- 10. 2-one minute time outs per half.
- 11. Score is not displayed if lead is 15 points or more, but is updated in books.
- 12. A girl's size ball 28.5 will be supplied. If both coaches agree, a full size 29.5 ball may be used.
- 13. One three minute overtime period may be played, <u>unless games are behind scheduled</u> <u>start times</u>. No timeouts may be called.

Game will begin on time so please do not be late. If one or both teams are late the game clock with start after five minutes and teams will play remaining time. Remaining quarters will be shortened if necessary to remain on time.

If one or both teams are not ready to play ten (10) minutes form original game start time then a forfeit will be called

### Youth Basketball Team Roster

Team Name/School:	
Grade/Division:	
	Phone #
Coach Name:	texting:
Address:	
E-mail: (print clearly)	

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	Paid	Name	Address	Phone #	Shirt Size
1					
2					
3					
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5					
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9					
10					
11					
12					
13					
14					
15					

### Youth Basketball Shirt Order Form

Team Name/School:	
Grade/Division:	
Coach Name:	
Phone # Texting:	
E-mail: (print clearly	·)

Size	Quantity
Youth Small	
Youth Med	
Youth Large	
Youth X Large	
Adult Small	
Adult Med	
Adult Large	

Adult X Large

The city of Idaho Falls Parks & Recreation Dept. is asking each coach and parent to adhere to the following:

### Coaches' Code of Ethics

- I will place the emotional and physical well-being of my players ahead of any personal desires to win.
- I will remember to treat each player as an individual, remembering the large spread of emotional and physical development for the same age group.
- I will do my very best to provide a safe play situation for my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead, by example, in demonstrating fair play and sportsmanship to all my players and the officials.
- I will remember that I am a youth coach, and that the game is for children and not adults.

I understand that breeching any part of the Code of Conduct can result if being removed from the playing area by the umpire/referee or any other employee/designated authority, forfeiting my opportunity to coach or watch the remainder of the game.

Coaches Name(Printed):		
Coaches Signature:	Date	_

### Youth Sports Coach Background Check Authorization Form

#### **DISCLAIMER AND RELEASE AGREEMENT**

This release and authorization acknowledges that we may now, or any time while you are employed, renting or volunteering for the City of Idaho Falls, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county or local criminal justice agency and or other information as deemed necessary to fulfill the job/volunteer requirements. The results of this verification process will be used to determine whether you will be allowed to volunteer with youth participants in any Parks and Recreation program. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, any false statements or omission will be considered as cause for dismissal/removal.

First Name:	Full Middle Name:	Last Name	::	
Alias/Married/Maiden Names:		Drivers License #: _		
Social Security #:		Date of Birth:		
Please list all addresses live				ace)
Current Address	City	State	Zip	From/To
Former Address	City	State	Zip	From/To
Former Address	City	State	Zip	From/To
Do you have any Misdemeanor Cha				
If Yes, please explain:				
you have any Felony Charges:	□ YES	□ NO		Do
If Yes, please explain:				
Printed Name of Coach:				
Signature of Coach:				
Today's Date://				
Phone Number: ( )				

THIS FORM MUST BE RETURNED 2 WEEKS PRIOR TO 1st GAME IN ORDER TO ALLOW SUFFICIENT TIME

FOR BACKGROUND CHECKS TO BE PROCESSED!

Background checks must clear before anyone is allowed to coach



Student Name:
Emergency Contact Number:
As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.
Parent/Guardian Signature Date
Authorization for Medical Treatment/Indemnification I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to
my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb.   I further agree to pay for all necessary medical
treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I
other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.
further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity.
This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.



# City of Idaho Falls Parks & Recreation Release Form

Student Name:	
Parent/Guardian Name:	
Emergency Contact Number:	
Student' allergies or significant medical conditions:	
As a parent or guardian of a participant in this recreation program/activity	ation program/activity
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while he/she is participating in this program/activity.	
Parent/Guardian Signature Date	Date

# Authorization for Medical Treatment/Indemnification

I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.

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Parent/	
Guardian Signature	
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Parent/Guardian Signature

Date



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Parent/Guardian Name:
mergency Contact Number:
student' allergies or significant medical conditions:
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Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



# City of Idaho Falls Parks & Recreation Release Form

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Date	Parent/Guardian Signature
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	Student' allergies or significant medical conditions:
	Emergency Contact Number:
	Parent/Guardian Name:
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# City of Idaho Falls Parks & Recreation Release Form

Student Name:	
Parent/Guardian Name:	
Emergency Contact Number:	
Student' allergies or significant medical conditions:	ions:
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Parent/Guardian Signature	Date

# Authorization for Medical Treatment/Indemnification

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Date	Parent/Guardian Signature
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Date	Parent/Guardian Signature
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tions:	Emergency Contact Number: Student' allergies or significant medical conditions:
	Parent/Guardian Name:
	Student Name:



# City of Idaho Falls Parks & Recreation Release Form

Student Name:	
Emergency Contact Number:	
Student' allergies or significant medical conditions:	
As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occuwhile he/she is participating in this program/activity.	ion program/activity, l 1 all athletic & recreational 2 onal injury which may occu
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successors, and assigns of the undersigned. This Agreement shall be binding upon the heirs, personal representatives,

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Date

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Date	arent/Guardian Signature
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# City of Idaho Falls Parks & Recreation Release Form

Student Name:
Parent/Guardian Name:
Emergency Contact Number:
Student' allergies or significant medical conditions:
As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational
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# Authorization for Medical Treatment/Indemnification

Parent/Guardian Signature

Date

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conduct by my child during the course of his/her participation in program/activity. asserted by any third party, with respect to any act, omission, wrongful or unlawful the City from any and all actions, causes of actions, suits, injury claims, or demands I further agree to indemnify and hold harmless any officer, agent or employee of

successors, and assigns of the undersigned This Agreement shall be binding upon the heirs, personal representatives

Parent/Guardian Signature

Date

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Parent/Guardian Signature Date	Parer
This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.	This /
I further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity.	I furtl the C asser condi
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Student' allergies or significant medical conditions:	Stude
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# City of Idaho Falls Parks & Recreation Release Form

conduct by my child during the course of hi This Agreement shall be binding upon the h	I further agree to inde the City from any and asserted by any third	of drugs or medication	emergency treatment condition or to preser treatment as so autho	Authorization for Me I hereby authorize and agents and employees my child, as identified	Parent/Guardian Signature	as a parent of guardic understand the inhera activity. I do hereby v while he/she is partici	Student' allergies or s	Emergency Contact Number:	Parent/Guardian Name:	Student Name:
conduct by my child during the course of his/her participation in program/activity.  This Agreement shall be binding upon the heirs, personal representatives.	I further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful	further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.	emergency treatment as necessary in their best Judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its'	Authorization for Medical Treatment/Indemnification I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or	ture Date	understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.	Student' allergies or significant medical conditions:	mber:		

Parent/Guardian Signature

Date



Date	Parent/Guardian Signature
on the heirs, personal representatives, rsigned.	This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.
I further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity.	further agree to indemnify and hold he City from any and all actions, cause asserted by any third party, with respe conduct by my child during the course
further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.	further represent that such child has no condition, illness, disother limitation that would pose any potential risk of bodily child, or any other child, except as disclosed above. I further child has no allergy to any medication or other condition limes of drugs or medication, except as otherwise disclosed above
Authorization for Medical Treatment/Indemnification I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I	Authorization for Medical Treatment/Indemnification I hereby authorize and give my consent to the City of Io agents and employees and any licensed physician to pe my child, as identified above, any reasonable and neces emergency treatment as necessary in their best judgme condition or to preserve life or limb. I further agree to treatment as so authorized and to hold harmless and reficers or agents from any obligation or responsibility.
Date	Parent/Guardian Signature
As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.	As a parent or guardian of a participant in this recreaunderstand the inherent risks that are associated wit activity. I do hereby waive any and all claims for perwhile he/she is participating in this program/activity.
ical conditions:	Emergency Contact Number:
	Student Name:



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Student Name:	
Parent/Guardian Name:	
Emergency Contact Number:	
Student' allergies or significant medical conditions:	nt medical conditions:
As a parent or guardian o	As a parent or guardian of a participant in this recreation program/activity. I
understand the inherent	understand the inherent risks that are associated with all athletic & recreational
while he/she is participating in this program/activity.	activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.
Parent/Guardian Signature	Date
Authorization for Medic	Authorization for Medical Treatment/Indemnification
I hereby authorize and gi	I hereby authorize and give my consent to the City of Idaho Falls and its officers,
my child, as identified ab	my child, as identified above, any reasonable and necessary medical, surgical or
emergency treatment as	emergency treatment as necessary in their best judgment to stabilize his/her
condition or to preserve	condition or to preserve life or limb. I further agree to pay for all necessary medical
officers or agents from a	officers or agents from any obligation or responsibility with respect thereto. I
further represent that su	further represent that such child has no condition, illness, disease, disability or
other limitation that wou	other limitation that would pose any potential risk of bodily harm or injury to such
child has no allergy to an	child has no allergy to any medication or other condition limiting the administration
of drugs or medication, e	of drugs or medication, except as otherwise disclosed above.
I further agree to indemr	I further agree to indemnify and hold harmless any officer, agent or employee of
asserted by any third par	asserted by any third party, with respect to any act, omission, wrongful or unlawful
conduct by my child duri	collance by fiffy child dufflig the coarse of fifs/fier participation in program/ activity.

This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.

Parent/Guardian Signature

Date